



# Goodyear Fire Department

## Ride-Along Request Form/Waiver of Liability

*Integrity, Unity, Excellence*

**INSTRUCTIONS:** Complete this form and return in person to the Fire Department Administrative Offices located at 14455 W. Van Buren St, Suite E-103, Goodyear. Please bring your valid government issued photo identification with you. Office hours are M - F, 7 a.m. - 4 p.m.

### Applicant Information

Last Name:	First Name:	M.I.:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Other Alias Names (if applicable):		Social Security No:		
		Driver's License No: (State & Number)		
Street Address:		City:	State:	Zip:
Email:	Home Phone No: ( )		Cell Phone: ( )	
Do you have any physical disabilities which require accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe):				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe):				
Are you presently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe):				
Date, time and duration requested for Ride-Along:				

### Applicant's Emergency Contact Information

Last Name:	First Name:	Relationship:
Address:		
Phone No: ( )	Alternate No. ( )	

### Release of Liability and Hold Harmless Agreement

In consideration of my receiving permission from the City of Goodyear ("City") to enter upon the premises of any fire station or related entity, or other premises owned and/or operated and/or used by the City, and in further consideration of receiving permission from the City to participate in the Ride-Along Program ("Program"), wherein I will be riding in, on, or upon Fire Department vehicles or using other apparatus. I HEREBY AGREE NOT TO SUE AND TO FOREVER RELEASE AND HOLD HARMLESS the City, its officers, employees, agents, or volunteers, individually and collectively, while acting in their official capacity; of, from and against any and all liability, damages, claims, demands, attorney's fees, and/or actions, of any kind or nature whatsoever, including fault or negligence, related to or arising out of, and including any loss, property damage, physical injury, contagious disease, or death that may be sustained by me while in, on, or upon any premises, vehicles or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me while participating directly or indirectly in the Program. I certify I am aware of and assume all risk and hazards, including serious physical injury or death, inherent upon participating in the Program, that such risks and hazards may exist even in non-emergency situations, and being duly aware of such risks and hazards, I elect, voluntarily, to participate in the Program. This release and hold harmless shall apply regardless of the nature of the injury or harm alleged, whether for injury or death to persons or damage to property, and whether such claims are alleged as common law, statutory or constitutional claims or otherwise; and shall apply whether the basis for claims, suit, demand, and/or action may be attributable in whole or in part to the City, its officials, employees, agents and volunteers, but does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City, its officers, employees, agents or volunteers. This agreement shall be legally binding on my personal representatives, heirs, assigns and next of kin. I certify that I am over 18 years of age, have read the foregoing and am aware of the legal consequences of this agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness (Fire Department Employee) \_\_\_\_\_ Copy of Identification ☐ Yes ☐ No

### This Section for City Use Only - Police Department

Date application forwarded to Police for Criminal History Check \_\_\_\_/\_\_\_\_/\_\_\_\_ Criminal History ☐ Accepted ☐ Denied

### This Section for City Use Only - Fire Department

Date Criminal History check received from Police Department: \_\_\_\_/\_\_\_\_/\_\_\_\_ Forwarded to Fire Captain:

Station & Shift Assigned: \_\_\_\_\_ Assigned by (Staff Assistant Name): \_\_\_\_\_

### This Section for City Use Only - Fire Captains & Administration

Date applicant contracted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date & Time of Ride-Along: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m. / p.m.

Comments from Fire Captain:

Date Form returned from Fire Captain:

